
MOTOR VEHICLE MANAGEMENT REVIEW QUESTIONNAIRE FY2007

SC BUDGET AND CONTROL BOARD • GENERAL SERVICES DIVISION • STATE FLEET MANAGEMENT

CONTACT INFORMATION

Agency: _____

Agency Number:
(for example, State Fleet is F16) _____

NAME: _____

Job Title: _____

Telephone: _____

E-mail Address: _____

Signature: _____

By my signature I certify that all the answers I have given on this questionnaire are correct, complete and accurate to the best of my knowledge.

Section 1: Inventory

1.1 Does your agency lease vehicles on a long-term basis (longer than 30 days) from any source other than State Fleet Management? ☐ Yes ☐ No

1.2 Other than vehicles your agency owns or vehicles leased from SFM, how many vehicles are available for business? _____

1.3 Of all the vehicles owned by your agency, how many are neither Permanently Assigned nor assigned to a Motor Pool? _____

1.4 Please describe briefly how these vehicles are being used to support your agency. For instance, utility trucks might be assigned to physical plant, or cargo vans might be used to deliver supplies and equipment. This question applies only to other vehicles; please do not include descriptions for permanently assigned vehicles or motor pool vehicles.

Section 2: Trip Logs and Exception Reports

2.1 How many vehicles do you report on State Fleet Management trip logs? _____

2.2 If you use a trip log other than the one provided by SFM, have you submitted copies of these logs to SFM for approval? ☐ Yes ☐ No

2.3 How many vehicles do you report on Exceptions Reports? _____

2.4 Please list the position titles of the employees who use these reports.

Section 3: Permanently Assigned Vehicles

- 3.1 How many vehicles are assigned to **non-law enforcement** personnel for their exclusive use? _____
- 3.2 How many vehicles are assigned to **law enforcement** personnel for their exclusive use? _____
- 3.3 How many vehicles overall are permanently assigned for exclusive use? _____
- 3.4 Are you submitting Permanent Assignment Forms to SFM, or updating your permanent assignments, whenever a new assignment is made or a change occurs, such as when an employee changes job duties or vehicles? ☐ Yes ☐ No
- 3.5 How many vehicles are used for commuting? _____
- 3.6 Please give the total Commuting miles for FY2007: _____

Section 4: POV Mileage Reimbursement

- 4.1 Does your agency keep a detailed accounting of POV reimbursement paid to employees? ☐ Yes ☐ No
- 4.2 Does your agency use a Certificate of Non-Availability (CNA) to document that no State vehicle was available for official travel during the time for which you are paying POV reimbursement? ☐ Yes ☐ No
- 4.3 How much did your agency pay in POV reimbursement in FY07? _____
- 4.4 If you don't use a CNA, please document how you verify the proper amount to be reimbursed.
- _____
- _____
- _____

- 4.5 Please provide a copy of your agency's written policy regarding the use of POVs for official travel on a reimbursable basis.

Section 5: Motor Pools

For the purposes of this report, a motor pool consists of any vehicle(s) available for daily trip use by staff.

- 5.1 Does your agency operate a motor pool? ☐ Yes ☐ No
- 5.2 How many vehicles are available in your motor pool? _____
- 5.3 What kinds of vehicles are available in your daily motor pool? _____
- _____
- 5.4 Where are your motor pools located? Please give street addresses or other exact location information.
- _____
- _____
- 5.5 What is the utilization rate of your motor pool? [SFM's formula](#) for calculating motor pool utilization rates is attached. _____
- 5.6 Does your agency allow other agencies to rent from your motor pool? ☐ Yes ☐ No

Section 6: Vehicle Identification

- 6.1 How many vehicles display State Seal decals? _____
- 6.2 How many vehicles display Agency Seal decals? _____
- 6.3 Have you received BCB approval for those vehicles that do not display decals? If not, please explain. (Please submit [SFM Form 7-84](#) to request exemption approval.) ☐ Yes ☐ No
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Section 7: Fleet Safety

- 7.1 Has your agency established procedures to ensure that all operators of State vehicles possess a valid driver's license? ☐ Yes ☐ No
- 7.2 Has your agency established procedures for annual screening of the driving records of all employees who have occasion to operate a State vehicle? ☐ Yes ☐ No
- 7.3 As required by Section 1-11-340 of the Motor Vehicle Management Act, has your agency established an Accident Review Board (ARB)? ☐ Yes ☐ No
- 7.4 When did the ARB last meet? _____
- 7.5 Does your agency comply with Driver Corrective Action as required by the SC Fleet Safety Program (FSP)? ☐ Yes ☐ No
- 7.6 Has your agency ensured that all employees who routinely drive State vehicles have attended an eight-hour or four-hour DDC as required by the Fleet Safety Program? ☐ Yes ☐ No
- 7.7 Has your agency established an internal Accident Reporting System? ☐ Yes ☐ No
- 7.8 If your agency operates Law Enforcement Emergency Vehicles, please submit the latest version of your written policy for emergency response, non-emergency response, and pursuit operations, along with the date it was last revised.

Section 8: Operational Costs

- 8.1 Miles driven in Agency-owned vehicles _____
- 8.2 Miles driven in SFM leased vehicles _____
- 8.3 Miles driven in Other vehicles _____
- 8.4 As nearly as you can tell, how much did your agency spend on fuel in Fiscal Year 2007? _____
- 8.5 How many gallons were purchased? _____
- 8.6 How much money was spent on accident repairs or associated costs? _____
- 8.7 What was your insurance cost for FY2007? _____

Section 9: Fleet Maintenance

Please provide maintenance information **for owned vehicles only!** If your agency uses SCEMIS and shows all repairs, services, other costs, and mileage on all vehicles and equipment, skip this section.

9.1 How many maintenance facilities does your Agency own that maintain or repair State vehicles and equipment? _____

9.2 How many of these maintenance facilities have been certified by SFM? _____

9.3 Where are vehicles taken for preventive maintenance? Check all that apply and give the total cost for each.

9.3.1 Agency Maintenance Facility ☐ _____

9.3.2 SFM Maintenance Facility ☐ _____

9.3.3 Commercial facility through CVRP ☐ _____

9.3.4 Commercial facility **without** CVRP ☐ _____

9.3.5 Other government maintenance facility ☐ _____

9.3.6 Other facility ☐ _____

9.4 At what intervals do you schedule Preventive Maintenance for your agency-owned vehicles?

	Months	Miles	Hours
9.4.1 All non-police sedans and station wagons	_____	_____	_____
9.4.2 Police sedans	_____	_____	_____
9.4.3 Pickup trucks	_____	_____	_____
9.4.4 Utility vehicles (incl. Blazer, Explorer, etc.)	_____	_____	_____
9.4.5 Passenger/cargo vans (including minivans)	_____	_____	_____
9.4.6 Vehicles over 10,000 lbs. GVWR	_____	_____	_____

9.5 What is your fleet Maintenance Cost per Mile (MCPM) by vehicle category? Please show the number of miles traveled, total maintenance cost (TMC) and MCPM for each category.

9.5.1 All non-police sedans and station wagons

9.5.1.1 Miles: _____

9.5.1.2 TMC: _____

9.5.1.3 Labor Hours: _____

9.5.1.4 MCPM: _____

9.5.2 Police sedans

9.5.2.1 Miles: _____

9.5.2.2 TMC: _____

9.5.2.3 Labor Hours: _____

9.5.2.4 MCPM: _____

9.5.3 Pickup trucks

9.5.3.1 Miles: _____

9.5.3.2 TMC: _____

9.5.3.3 Labor Hours: _____

9.5.3.4 MCPM: _____

9.5.4 Utility vehicles (incl. Blazer, Suburban, Explorer, etc.)

9.5.4.1 Miles: _____
9.5.4.2 TMC: _____
9.5.4.3 Labor Hours: _____
9.5.4.4 MCPM: _____

9.5.5 Passenger/cargo vans (including minivans)

9.5.5.1 Miles: _____
9.5.5.2 TMC: _____
9.5.5.3 Labor Hours: _____
9.5.5.4 MCPM: _____

9.5.6 Vehicles over 10,000 lbs. GVWR

9.5.6.1 Miles: _____
9.5.6.2 TMC: _____
9.5.6.3 Labor Hours: _____
9.5.6.4 MCPM: _____

9.6 What is the Total Maintenance Cost (TMC) for FY07? This figure should include all maintenance, both State and commercial, only for owned vehicles.

9.7 Total Miles

9.8 Which item below best describes the source used to maintain cost per mile (CPM) data on your fleet? Please check only one.

- 9.8.1 ☐ Computerized system
9.8.2 ☐ Manual (paper) system
9.8.3 ☐ Combination of manual and computerized systems

9.9 Does your present system have the capability to identify trends in vehicles repairs, such as brake problems on a certain model vehicle?

☐ Yes ☐ No

9.10 What was your Shop Labor Rate for FY07?

9.11 Is your Shop Labor Rate **fully burdened**? If you are not certain about this question, please see the [State Fleet Labor Rate Calculator](#) for more information.

☐ Yes ☐ No

RETURN INSTRUCTIONS

Please return this questionnaire to:

SC BCB, General Services Division
State Fleet Management
Attn: Jonathan Eason
140 Stoneridge Drive, Suite 650
Columbia, SC 29210-8257

You can also fax it to State Fleet at 803-737-1160.

Call Jonathan Eason at 803-737-1239 with any questions or problems.